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A Helping Hand: An Investigation into the Effects of Counselling Domestic Abuse Victims on the Mental Wellbeing of Counselling Psychologists and Psychotherapists.

By Lyndsay Carline

ABSTRACT

This qualitative investigation focused on the experiences of qualified counsellors and psychotherapists providing therapy to domestic violence victims, with emphasis on both the negative and positive reactive symptoms associated with this type of counselling. It aimed to investigate the effects of the interaction on the mental wellbeing of the service provider. This research aimed to expand the literature on vicarious traumatisation, secondary traumatic stress and burnout among domestic violence therapists due to the relatively small quantity of qualitative studies on this phenomena; within domestic violence, conducted in the United Kingdom. Furthermore, the researcher also aimed to provide insight into how participants coped with any negative symptoms in order to perhaps help inform and update effective coping and protective factors.

The researcher recruited four qualified counsellors to complete semi-structured interviews regarding their experiences of providing domestic violence therapy. These consisted of three females and one male with experience ranging from four to nine years.

Interpretive phenomenological analysis was conducted to identify both positive and negative themes from the data and investigate the possible prevalence of vicarious trauma, secondary trauma stress and burnout. All participants reported vicarious trauma and secondary traumatic stress to some extent and that all participants showed evidence of experiencing burnout. The themes that emerged from the analysis were emotional strain, vicarious trauma, powerlessness and meaning in life.

Limitations of the study, implications for future research and the researcher's reflectivity in conducting the study

KEY WORDS:	VICARIOUS TRAUMATISATION	INTERPRETIVE PHENOMENOLOGY	COUNSELLING PSYCHOLOGIST	DOMESTIC VIOLENCE	VOCATIONAL FULFILMENT
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Introduction

Domestic violence is a pervasive societal issue that has striking connotations for all parties who come into approximation with it. Domestic violence is defined by the Home Office as:

‘Any violence between current or former partners in an intimate relationship, whenever or wherever the violence occurs. The violence may include physical, sexual, emotional or financial abuse’ (Walby & Allen, 2004).

Established literature has substantiated that intimate partner violence can have profound physical and psychological consequences for victims. Women who had been victimised have shown high levels of neuroticism, depression, anxiety and post-traumatic stress disorder (Audibegonić and Sinanović, 2006; Eshelman and Levendosky, 2012), as well as substance abuse (Kayson et al., 2007; Taft et al., 2007). Findings like this are prevalent across domestic violence literature (Roberts et al., 1998; Stein and Kennedy, 2001; Pico-Alfonso et al., 2006; Reynolds and Shepherd, 2011). Although the body of research on domestic violence victims focuses preponderantly on women, men too can also suffer negative physical and psychological consequences as a result of victimisation (Drijber et al., 2013; Tsui et al., 2010 & Morgan and Wells, 2016). Domestic violence also occurs at similar rates among same sex couples resulting in much of the same negative effects (Rourbough, 2006 and McClennon, 2005).

Fortunately, however, there is light at the end of the tunnel for individuals who have been subjected to abuse at the hands of their partner. In the United Kingdom, there are many charities, hotlines and counselling services; both publicly and privately funded, to support victims and ensure their safety. Research has shown that services such as these can be effective interventions in domestic violence cases; especially counselling services, (Humphreys and Thiara, 2003; Roddy, 2013). However, although domestic violence counselling can have a positive influence for victims, the extent of its impact does not end with the client. It has become apparent that for the psychotherapists and counsellors working within the field of domestic violence, the experience of being exposed to traumatic material can influence the development of negative reactive symptoms such as vicarious traumatisation (McCann and Pearlman (1990a), Secondary Traumatic Stress (Figley, 1995) and burnout. The present study aims to examine the presence of these trauma related symptoms and positive aspects of providing therapy among qualified domestic violence counsellors and psychotherapists, working within the United Kingdom. The researcher defines these terms below for clarification for the reader.

Vicarious traumatisation is the theory that engaging in trauma counselling, in this instance domestic violence, causes:

‘A transformation in the therapist’s inner experiences resulting from empathic engagement with client’s traumatic material. That is, through the inevitable participation in traumatic re-enactments in the therapeutic relationship, the therapist is vulnerable through his or her empathic openness to the emotional and spiritual effects of vicarious traumatisation’ (Pearlman and Saakvile, 1995, cited in Figley, 2013: 151).

Based upon the theory of constructivist self-development (McCann and Pearlman, 1990b); the concept that an individual’s unique history shapes his or her experience of traumatic events and adaptation to the trauma, McCann and Pearlman (1990a) describe it as a reaction which occurs across different clients and develops overtime as exposure to traumatic material. These consequences of the exposure are the harmful and permanent changes to a therapist’s cognitive schemas in terms of safety, trust, esteem, intimacy and control. Providing therapy alters these schemas in a negative way (Baird and Kracen, 2006).

Secondary Traumatic stress or compassion fatigue is another symptom which has been identified as being present in trauma counsellors. Figley (1995) described it as experiencing emotional stress as a result of being in close contact with survivors of traumatic events and can develop into a disorder which is not dissimilar to post-traumatic stress disorder. However, both secondary traumatic stress and vicarious trauma both refer to the change that may occur in a therapist as a result of exposure to traumatic material (Baird and Jenkins, 2003). Finally, Burnout refers to the occupational stress that can occur in human service providers as a result of becoming emotionally exhausted and leads to reduced psychological well-being (Maslach, 1982).

The literature on the effect of providing care for trauma victims among therapists is substantial and includes evidence of the aforementioned phenomena of vicarious traumatisation, secondary traumatic stress and burnout (Brockhouse et al., 2011; Yarrow and Churchill, 2009; Peak, 2013; Devilly et al., 2009). However, research investigating the presence of these symptoms specifically among domestic violence professionals is relatively deficient. Although domestic violence could be categorised under the wider umbrella of trauma, it is not well known to what degree these factors influence counsellors in this particular specialism. One early study that looks at these secondary traumatic factors among domestic violence counsellors; which shares a methodology very similar to the one chosen in the present research, comes from Iliffe and Steed (2000). The researchers conducted a qualitative investigation using interpretive phenomenological analysis (Smith, 1995) in Australia, revealing the presence of vicarious trauma and burnout among the majority of the sample. As the presence of serious secondary traumatic factors among domestic violence counsellors is still a relatively unexplored subject, it is arguable that the qualitative methodology and large sample size provides much needed detailed insight into this phenomena. However, the location of the study and the characteristics of the

participants could induce the question of cultural differences in professional practises between Australia and the United Kingdom. Most of the participants in this research had very little domestic violence training; on average three and a half days (Iliffe and Steed, 2000). A Substantial amount less than is required of counselling psychologists in the United Kingdom (The Association of Graduate Careers Advice, 2017). Therefore, this research may not provide an accurate picture of these phenomena among British psychotherapists and counsellors who have received significantly more training; especially in the field of domestic violence. Furthermore, the positive aspects of the counsellor's experience are largely ignored and arguably leave a large gap in the experiential field of domestic violence counselling.

Similarly, quantitative research conducted by Baird and Jenkins (2003) into vicarious traumatisation, secondary traumatic stress and burnout in domestic violence agency staff, revealed burnout and secondary traumatic stress to be prevalent among young counsellors and workers with a high degree of experience. The sample contained a mix of qualified counsellors, case workers and hotline workers among other roles which makes it unique in presenting the effects of domestic violence on different kinds of advocates. However, it does not provide insight into a domestic violence counsellors specific experience. One could argue that the lack of research into this phenomena in domestic violence counselling, requires study of different clientele and occupations (Dunkley and Whelan, 2007) to provide clarity on the subject.

Further investigation into this area comes from Slattery and Goodman (2009) who conducted a quantitative investigation into the presence of secondary traumatic stress among domestic violence advocates in Massachusetts. Participants came from a range of domestic violence services including shelters and counselling centres and not all were trained counsellors or psychotherapists. Results did indicate the presence of secondary traumatic stress among those who lacked co-worker support and effective clinical supervision however as stated above, this study offers no explanation into the overall effects on a counsellor's wellbeing because of the therapeutic relationship. It is significant in highlighting the positive and negative effects of being in close emotional contact with domestic violence victims.

To further explore the possible effect of domestic violence counselling on the mental wellbeing of the practitioner, the researcher had to expand the literature review to include all kinds of trauma therapists. One such study derives from Leonard-McKim and Smith-Adcock (2013) who investigated the effects of trauma counselling on therapist's quality of life. The quantitative investigation revealed compassion fatigue and burnout in therapists working with clients who had experienced severe traumatic events. However, the positive aspects of providing therapy were also examined and participants reported compassion satisfaction at being able to help their clients overcome their emotional difficulties. This study contained only qualified counsellors and psychotherapists and provides an important insight into the possible results of the current research, especially as both positive and negative aspects of counselling

were addressed. Although results from domestic violence research can be expected to be similar to those from wider trauma counselling literature, it still accentuates a severe gap in the literature. One must apply the results of studies in general trauma literature in order to gain an understanding of the possible effects of domestic violence therapy on the practitioner. However, the majority of research into this area is quantitative and doesn't provide an explanation of the phenomena; it simply accentuates its existence. Domestic violence therapy may produce specific emotional reactions in therapists which needs investigating.

This further highlights the need for the current research as although literature provides an informative view of vicarious traumatisation, secondary traumatic stress and burnout in trauma workers, there is very little that has been written on domestic violence counsellors; especially in the United Kingdom. Furthermore, in the majority of research the positive aspects of the practitioner's experiences are ignored. Therefore, the current research aims to fill this gap in the literature by providing a detailed examination of counsellor's experiences of working with domestic violence victims. The researcher aims to provide insight into the positive and negative aspects of providing therapy to such vulnerable groups of people.

Methodology

The researcher in this study applied a qualitative methodology to the investigation into the effect of counselling domestic violence victims on the mental wellbeing of counselling psychologists and psychotherapists. Qualitative methods are useful in exploring areas where there is little data (Morrow, 2007); as is the case in domestic violence therapy, in order to gain a better understanding of the phenomena. As there is a plethora of information on trauma counselling in general, the researcher took an idiographic stance to investigate domestic violence counselling in more depth. This was in order to deduce the extent to which the secondary traumatic symptoms displayed by other trauma counsellors would be present in this sample. When identifying the depth and complexity of a phenomena, qualitative methods are required in order to gain insight into the human experience (Neimeyer and Resnikoff, 1982).

The researcher chose to employ an interpretive phenomenological paradigm to this qualitative investigation. Interpretive phenomenology is influenced by the twentieth century philosopher Martin Heidegger (Conroy, 2003) and is a development of Husserl phenomenology (Giorgi, 2008). It is a research approach concerned with an individual's 'lived experience' (Horrigan-Kelly et al., 2016). It is an approach that aims to develop insight, through qualitative investigation, into how a particular individual makes sense of their own lived experience (Finlay, 2009). As the current researches main aim is to gain understanding of the psychological effect that counselling domestic violence victims has upon the participant's well-being, it is arguably the most appropriate methodological and philosophical approach to doing

so. According to Creswell (2013) it is the method that one must employ when one seeks data on participants experiences and explanations of experiences. Moreover, the researcher found this method appropriate as it has been successfully employed in similar established literature (Iliffe & Steed, 2000; Reynolds & Shepherd, 2011; Hogan et al., 2012).

In terms of epistemological position, the researcher adopted an interpretivist approach to the research as is stated above. With regard to the nature of truth, interpretivism is concerned with meanings and truths that are constructed by individuals to form their subjective reality (Blaikie, 2007). It is an approach to the acquisition and the understanding of knowledge, characterized by the exploration for deep meaning through interaction between researcher and subject (Ponteroto, 2005). Interpretivism is often linked to qualitative research methods (Goldkuhl, 2012). The characteristics of the research question stipulate that the most logical and theoretically sound approach is an interpretivist one.

With regard to the above philosophical position concerning the type of knowledge that is sought by the researcher, it was decided that data would be acquired through semi-structured interviewing. Semi-structured interviewing produces lengthy, profoundly rich data which the interpretivist researcher requires (Wuhyuni, 2012), to develop an understanding of the phenomena in question. The lack of literature into counsellor's experiences of providing therapy to domestic violence victims requires this rich data of this description, in order to develop the understanding of this particular specialism. The semi-structured interviews in this research contained ten set questions from which the researcher could build a conversation (see Appendix B). The interview questions were designed to explore both the positive and negative aspects of the therapeutic relationship and ways in which it influenced the participants. Question and researcher responses were designed to produce open responses from participants. This allowed for the exploration of the participants thoughts and feelings and provided insight into their experience; as is paramount in interpretivist phenomenological research. This also allowed the participants to have the opportunity to discuss any element of their experience that the researcher had not considered.

With regards to acquiring participants for this investigation, the researcher applied a guide set by Robinson (2014) for sampling within interview-based qualitative research. The sample in this research was demographically homogenous in nature as it included only qualified, practicing counsellors or psychotherapists, who have worked with domestic violence victims within the United Kingdom. The participants years of experience in the field of domestic violence ranged from four to twelve years. Three of the participants were female and one was male. This allowed the researcher insight into the phenomena from both genders which was important to the researcher. Smith, Flowers and Larkin (2009) argue that homogenous samples work most effectively in interpretive phenomenological research in conjunction with its

philosophical foundations and analytical processes. That is, that they remain contextualized within a defined setting (Robinson, 2014). This is appropriate for this research as its aims are specific and defined in their essence.

The idiographic nature of this research ensured that the sample size was kept small. Smith et al., (2009) recommend that interpretive phenomenological research should seek between three to sixteen participants in order to ensure participants hold an identifiable voice. This study originally aimed to recruit between six and eight participants however due to time constraints and low response rates, the researcher only managed to acquire four. This is still within the guidelines set by Smith et al., (2009) however is less than ideal. Participants were recruited through convenience sampling. Although the researcher would have preferred to use a purposive sampling strategy, the impediments to the research process did not allow the researcher the exclusivity that would be optimum in the target population. Fortunately, the researchers chosen sample universe for this investigation held specific characteristics without the need for further reduction. The study included only qualified, practicing counselling psychologists or psychotherapist who specialize in domestic violence. Therefore, arguably the potential generalization of the study is limited (Robinson, 2014).

Data was analyzed using interpretive phenomenological analysis (Smith et al., 1995). Audio recording of interviews were transcribed and then analyzed by hand; in accordance with recommendations by Smith et al., (2009) for inexperienced phenomenological investigators. The researcher followed the process set out by Smith and Osborn (2007) in Smith (2008). The analysis of the qualitative data began with the researcher emerging themselves in a transcript by reading and rereading to gain familiarity. The researcher began this process with the first transcript and made a note of anything interesting or significant about the data the participant provided in the left-hand margin (See appendix C). After this stage, the right margin was dedicated to listing emerging theme titles. The theme titles that emerged from this first transcript were listed on a piece of paper. The themes were then analyzed by making connections between themes to create superordinate themes. Smith and Osborn (2007) stated that it is important for the researcher to refer back to the text when ordering these subthemes in order to ensure that they fit with the participant's dialogue; to ensure meaning is not lost in translation. The aim of this stage is to create a coherent list of themes and subthemes within them. After completing this process with the first transcript, the researcher then went on to analyze the remaining three transcripts (See Appendices D, E and F), to identify the presence of the existing themes in the rest of the data and to identify any new themes. The process of tabling and organizing the themes and subthemes was repeated and then a master table of superordinate themes was created (see appendix G). This is the most appropriate way to identify themes in the data as it follows the idiographic approach and is the advised way of performing an interpretive phenomenological analysis (Smith et al., 1995).

With regard to assessing quality the researcher took several measures to address possible sources of bias. Tracy (2010) proposed what she called the eight 'big tent' criteria that must be addressed in order to produce superior qualitative research. These were designed to be applicable to all qualitative methodologies and although universal criteria are often frowned upon (Bochner, 2000), Tracy (2010) argues that criteria in quality of qualitative research allows the investigator to learn and perfect the qualities of good research. The eight criteria set out by Tracy (2010) include topic worthiness, rigor, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence.

Firstly, Tracy (2010) argues that good research is 'relevant timely, significant interesting and evocative' (p.840). The investigation into the effect of domestic violence counselling on therapists; with attention to vicarious trauma and burnout as well as the positive aspects of providing therapy, is relevant, timely and significant to counselling psychology literature as it is a highly under-researched area. In term of rigor, the researcher felt this study could have been improved. The time constraints of the project did not allow for the breadth of data that the researcher would have liked to achieve. The researcher attempted to be self-reflexive in their approach to the qualitative investigation. This was achieved through analysis of the researcher's subjective values and inclinations and is discussed in more detail in the reflexive analysis section of this report.

With regard to credibility, the researcher aimed to provide rich description of the data to show enough detail of the phenomena to demonstrate the plausibility of the research findings. Results were analyzed for triangulation across transcripts and the presence of certain phenomena in all transcripts offers this research credibility. Furthermore, credibility of meaning was obtained through feedback on the analysis process by participants. The typed transcripts were sent back to participants for them to grant their approval of the themes observed by the researcher. Tracy (2010) argues that this provides the opportunity for additional data and elaboration that enhances the credibility of research.

Thirdly, resonance in qualitative research refers to the researcher's ability to affect an audience. This is achieved through aesthetic merit and transferability (Tracy, 2010). The researcher aimed to achieve aesthetic merit through creative and thought-provoking writing, intended to emotionally and intellectually stimulate the reader. Furthermore, the findings from this research can be extrapolated across theoretical and practical spheres as is demonstrated in the literature review and discussion of finding from the analysis. Moreover, the research is of high quality due to the theoretically and heuristically significant contribution it provides to existing literature. There is very little research into the effect of domestic violence counselling on the mental wellbeing of counselling psychologists and psychotherapists. This report aims to provoke insight and encourage further investigation into the subject.

Ethical quality is also arguably high in this research as it follows the procedural ethics set out in the ethical approval form (See Appendix A) and the guidelines set by Manchester Metropolitan University's ethical council. Relational ethics were also addressed during data collection and analysis in terms of the researcher's mindfulness, actions and consequences on others. This is discussed in more detail in the reflexive account section of this report. Finally, the researcher showed acknowledgment of quality criteria in research by meaningful coherence. The researcher undertook much investigation into the method and epistemological position they needed to adopt to appropriately investigate the phenomena in question. According to Tracy (2010), the awareness of these factors and actions undertaken to ensure their presence within the research will result in high quality qualitative research.

Analysis and Discussion

Themes that emerged from the interpretive phenomenological analysis of the semi-structured interview transcripts are reported and discussed. three negative and one positive theme was found. These include the emotional strain and burnout that counsellors experienced, the presence of vicarious traumatisation, a feeling of powerlessness and the sense that their work gave their life meaning. Two additional themes of empathic fear for clients and anger were also interpreted from the analysis however, the researcher chose to incorporate these as subthemes as they mainly related to the experiential descriptions of the four main categories. The deduction of these themes and their interpretive meaning is discussed below.

Emotional Strain/Burnout

All participants reported emotional strain and burnout as a result of their work with domestic violence victims to varying degrees.

'Definitely! Everyday! You know I often find myself emotionally exhausted after, especially after seeing some of my most vulnerable clients. And it is a negative feeling, so you have to learn to cope with it and remove yourself from it. It's a factor that as a professional you just have to accept that you will experience. It's the nature of the business I'm afraid. So, it's so important to look after you own emotional wellbeing, otherwise there is no way you'd be able to help your clients improve theirs.'

Here the participant identifies that they have daily struggles they experience as a domestic violence counsellor. The researcher noticed that participants often reported carrying these stresses over in their personal lives. All participants reported that they had ways of dealing with the emotional strain they experienced and expressed the importance they placed upon this factor. These findings support those of Iliffe and Steed (2000), Brockhouse et al., (2011) and Peak (2013), all of whom reported their participants also felt massive emotional strain and burnout as a result of their work.

Within this theme the researcher identified the subthemes of needing to escape and self-care.

‘Sometimes you just need to take some time away from everything to work on your own emotional wellbeing as well.’

The comprehensive need for self-care reported by all participants displayed the massive impact upon their personal and professional lives however, they appeared to be prepared to undertake it to better care for their clients. A special emphasis was also placed on empathic fear for their client.

‘It’s very frustrating, knowing that they’re going home to an abusive relationship and although you have safety planning in place, I think that’s where a lot of my emotional problems comes from. It’s from worrying and from wanting to get your client to safety.’

Here the participant shows concern and frustration at not being able to do more. This theme of empathic fear was also linked to participants feelings of powerlessness. This is a phenomenon that has been documented in previous literature (Kadambi & Truscott, 2003) into therapists working with victims of trauma. Arguably, consistent findings may suggest that emotional strain and burnout is an unavoidable aspect of working with domestic violence and trauma victims. The male participant in this study also expressed an additional aspect of emotional strain.

‘You know on an emotional level there’s a part of me that finds it difficult, like, wants to be apologetic on behalf of males. There’s kind of a little bit of shame and guilt.’

The researcher found this interesting as it was not a phenomenon that they expected and gave a fascinating insight into the cognitive workings of this participant. Although similar feeling of guilt has been noted in Pope and Tabachnick (1993) and Farrenkopf (1992), this phenomenon has not really been documented extensively in either domestic violence literature specifically and perhaps requires further investigation.

Vicarious Traumatization

All Participants also reported vicarious trauma and the researcher deduced that every participant had experience a change to their schemas in very subtle but powerful ways.

‘I wouldn’t say to a huge degree, but I have found myself taking on the negative worldview of the client.’

‘I look at my daughter and I’m worried about the world she’s growing up into.’

Although some participants were more aware than others of the ways in which vicarious traumatization had affected them. When analysing their transcripts, the

researcher found that it was heavily present however and it appeared that those who did not seem as aware had let it infiltrate their belief system more heavily than those who recognised its presence.

'I think that when I first starting practising that it did change the way that I thought about the world, but I think it is something that you learn to combat.'

However, the participant also reported:

'It has been a very educational experience in terms of how people are and the things they are capable of, it can make you quite closed off and suspicious.'

'I often struggle to see the world in a positive light. This job really enlightens you to the cruelty that people are capable of and it was be very disheartening.'

This was interpreted by the researcher as a permanent change to the participants trust of people and the way they see the world. They describe they view of people to be quite suspicious which suggests that their schema of trust has been altered. Furthermore, they reported distancing themselves from those close to them which suggests a change to their intimacy schema. This participant seemed to cope well emotionally however, they seemed unaware of the way that their work affected them in terms of cognition and worldview. This participant was actually one of the most experienced in the sample and this interpretation could perhaps show that vicarious trauma manifests its self very subtly over time. This is a finding that contrasts Baird and Jenkins (2003) who found that experience was unrelated to vicarious trauma. However, Baird and Jenkins and the present study employed different methodologies and therefore, further research into these findings may be needed to obtain clarification.

Powerlessness

The theme of powerless was also heavily prevalent across all participants. They reported feeling frustrated and struggled with waiting for the client to be ready to change. They also reported feeling frustration and anger at their client being in pain and wanting to achieve progress at a faster rate that the client was ready for.

'I want to be able to change clients outlook. I want to be able to motivate them more you know? I want to be able to get inside their heads and wire things together but that's not really my job you know? It's not something that I can do and its difficult waiting for the client to be ready.'

This was a theme that was also identified in Iliffe and Steed (2000) where participants reported experiencing parallel processes to that of their clients. Within this the researcher identified the subtheme of protectiveness and anger at not being able to do so. Participants often expressed that their powerlessness stemmed from wanted to do more than was professionally appropriate for clients.

'It makes me so angry and I feel very protective towards some of my clients. Their mental states are so vulnerable it really brings the maternal side of you out. But you have to limit yourself and remember that you are not this person's friend and you have to remain professional.'

This is widely documented phenomena among different types of therapists and is consistent with Hildebrand and Markovic (2007). They suggested that feelings of powerlessness come from lack of self-reflexivity in this area and through reflection therapists' may reduce these feelings. However, the researcher believed that the participants feelings of powerlessness in this sample seemed to come from the participants empathic nature and their need to help people; as the therapist recognised that waiting for change was an accepted part of the therapeutic relationship. These different inter-related factors for the phenomena may need more investigation and different therapists may feel powerless for different reason.

One participant also reported their feelings of powerlessness to be related to socio-political involvement.

'I try to combat the powerlessness with charity and political work. I'm a very active advocate for domestic violence and I think that that alleviates some of the feeling of not being able to do anything.'

Socio-political involvement of domestic violence therapists has also been noted in Iliffe and Steed (2000) to much the same effect. It is also present in similar studies regarding family therapy (Jordan & Seponski, 2017) and could perhaps be interpreted as a subtle form of self-care. The participants seek the need to insight change due to their frustration at having to wait for change in the therapeutic relationship. The theme of socio-political involvement was also linked to the only positive theme that emerged from the analysis.

Meaning of life

All participants reported that although they found working with domestic violence victims challenging and that it was not without its shortcomings, they said that they felt it gave them a purpose in life. Participants reported a vocational satisfaction with their work which made the personal and professional challenges they experienced worthwhile. This came from the involvement in a client's healing process and also lead to the personal growth of the therapist in many cases. The researcher identified within this a subtheme of empowerment; of both client and therapist, that was strong across all reports of the positive aspects of counselling domestic violence victims. Participants became empowered by the empowerment they gave to their clients.

'I think primarily it's a case of empowering people. You know when you first see someone who is in distress it can really pull on you a lot. So, I find at the end of

therapy it gives me quite an em... it gives me meaning in my life! It gives me purpose and that purpose is helping people find empowerment.'

'It gives me a reason to get up in the morning! I can't imagine myself having a boring office job! Getting to be a part of someone's healing process can provide you with a great sense of joy and pride. And to be a part of that process is extremely rewarding.'

Vocational satisfaction has been shown to be a crucial aspect of providing effective counselling to clients (Newton-Scanlan & Still, 2013) and lack of vocational satisfaction is related to the counsellor's removal of themselves the therapeutic interaction (Hayes et al., 2008). Socio-political involvement was also linked to participants reports that their work gave meaning to their lives.

'It is something that I hold very close to my heart, through personal and secondary experience, and so I try to do as much as I can to help victims on a personal, societal as well as an international level.'

The researcher deduced that this came from an internal desire to help people. The participants who expressed socio-political involvement seemed to do so from a personal feeling of responsibility to 'stand up and be counted' as it were. Again, this is a finding that has been noted in existing literature such as Jordan and Seponski (2017). However, the motivations for doing so were interpreted differently across these studies and therefore, further clarification may be needed.

Concluding comments

This research provides specific, detailed insight into a domestic violence counsellor's and psychotherapists experience of working with this specific type of trauma victim. The researcher identified four main themes in the analysis relating to both the positive and negative aspects of their role. These themes were emotional strain, vicarious trauma, powerlessness and a purpose in life. These themes provide explanation of the counsellors lived experience and have expanded the existing literature in this area to include the positive aspects of providing counselling.

However, this study was not without its limitations. The sampling method used by the researcher could have been improved. Unfortunately, the restrictions of the project did not allow for this. It could be deduced that a more selective and purposive sample may have yielded different data. Furthermore, the size of the sample did not allow for the breadth of data that the researcher hoped to achieve. Repetition of this investigation with a larger sample size may reveal additional themes that were not identified in the current research.

However, despite these shortcomings, this research provides an invaluable insight into the lived experience of domestic violence therapists and the specific challenges and victories they face. In this extensively under-researched area, it is arguably of

paramount importance in further development of self-care strategies, that therapists may engage in, outside of therapeutic supervision. Socio-political involvement was found to be a self-care method used by some of the participants in the sample and appeared to have a mediating effect on the emotional strain experienced by participants. Further research into this area could focus more heavily on these positive aspects to develop a greater understanding of domestic violence counselling in terms of vocational calling.

Reflexive Analysis

Reflexivity refers to 'a researcher's engagement in the explicit, self-aware analysis of their own role in the research' (Finlay, 2002: 531). As qualitative researchers, it is important to understand our central role in the collection and interpretation of data (Finlay, 2002). In phenomenological research, it is the role of the investigator to reflexively interrogate their own subjectivity as an influence in the understanding of the phenomena.

Reflexivity began for the investigator at the pre-research stage when they were selecting the topic of enquiry. Domestic violence is an issue that the researcher feels very passionate about and it was with respect to this passion, that the research chose this topic of enquiry. The researcher chose to investigate others accounts of how this issue had affected their wellbeing; positively and negatively. However, the researcher had to be aware of their own thoughts and feelings regarding this issue, so as to not contaminate the data collection and analysis with their own lived experience. The researcher was also aware that their position as a young female, in a western country where we are provided with freedoms that do not always exist elsewhere in the world, would have had an influence over their thoughts and feelings regarding this topic. The researcher therefore felt that then needed to be aware of the cultural and gender situatedness in which they existed. For example, the researcher being university educated would have influenced the prior knowledge and cognitive processes that they have acquired, that the individual needed to be aware of so as to not contaminate the study with their own sense of self. This was achieved through self-analysis of the specific thoughts and feelings the researcher held regarding domestic violence. The research decided to make note of their thoughts and feelings in a reflexive journal before conducting the research so that they may be able to separate them from the analysis later into the project. The researcher noted their anger and frustration at the issue and also a misunderstanding of the desire to commit an act of domestic violence. The researcher kept in mind these thoughts and feeling as they continued on to the data collection and analysis stages.

During the process of data collection, the researcher tried to be aware of not contaminating the interview process with questions that may lead the parties into discuss the researchers experience and view of the subject matter. This was achieved by attempting to explore the way the participant's experienced the

responses they gave. The research continued to add detail to the reflexive journal during this stage in order to prevent putting their own views of anger and misunderstanding into the participants' interpretations of their experience. However, the researcher holds true that they still allowed their subjective and prior knowledge to affect the data collection. An example of this is the way in which the researcher asked directly about vicarious traumatising; without prior knowledge of this phenomena, the researcher would not have included it in the questions asked of participants and results from the research may have yielded different themes. The epistemological position of the researcher also affected the type of data sought from the research.

During the data analysis phase, the researcher referred back to the reflexive journal in order to prevent their interpretation of the data being skewed by their own personal self-beliefs. The researcher found this particularly difficult at this stage as the female participants in the study spoke about the anger and frustration they felt. When it came to analysing the data, the research struggled in separating their own motivations for anger from those of the clients. The researcher struggled with practising mindfulness in not allowing their own actions and feelings to invade the experiences of their participants. It is in this way that the researcher accepts the subjective influence that they held over the selection, collection and interpretation of the data in this study. However, Heidegger (1962) cited in Tracy (2010) argued that each person will perceive phenomena in a different way and will unavoidably bring their own lived experience as a being-in-the-world into the research. Therefore, the lived experience of the researcher will always influence the perceived lived experience of the participants. Although the research attempted to conduct the study reflexively, they accept their bias over the results.

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